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PART B - FEE(S) TRANSMITTAL

Complete and sign this form, together with applicable fee(s), to: Mail

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36814 7590 01/25/2006

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Janice L. Goebel	(Depositor's name)
Janice L. Goebel	(Signature)
4/25/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,020	03/26/2004	Henry C. Lin	04-111S	7744

TITLE OF INVENTION: METHODS FOR MANIPULATING UPPER GASTROINTESTINAL TRANSIT, BLOOD FLOW, AND SATELLITE VISCERAL PAIN RELIEF IN VISCERAL HYPERALGESIA

01 FC:1501	1400.00 DA
02 FC:1504	300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/25/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWARTZ, RODNEY P	1645	424-009200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-12 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Peter J. Knudsen
 2. Seth D. Levy

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cedars-Sinai Medical Center
Burns and Allen Research Center

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Angeles, CA, US

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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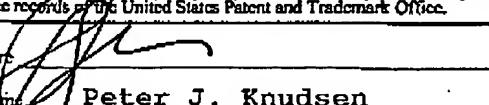
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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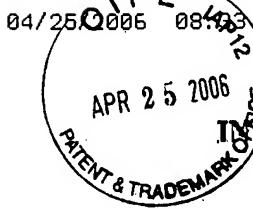
Date April 25, 2006

Typed or printed name: Peter J. Knudsen

Registration No. 40,682

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Application Serial Number: 10/810,020 Confirmation Number: 7744

Title: METHODS FOR MANIPULATING UPPER GASTROINTESTINAL TRANSIT,
BLOOD FLOW, AND SATIETY, AND FOR TREATING VISCERAL HYPERALGESIA

Attorney Docket Number: 04-11US, 0189

ISSUE FEE TRANSMITTAL LETTER

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Dear Sir:

Enclosed are the following:

1. X Issue Fee Transmittal (PTOL-85).
2. X The Director is hereby authorized to charge the authorized fees of \$1,700, or credit overpayment, to Deposit Account Number 502769

April 25, 2006

Date



Peter J. Knudsen, Esq.
Attorney for Applicants
Reg. No. 40,682

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I hereby certify that this is being faxed (2 sheets) to (571) 273-2885, and is being deposited with the U.S. Postal Service first class mail on the date indicated below and is addressed to:

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By: Janice L. Goebel

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Date of Deposit: April 25, 2006